

REQUEST FOR APPLICATIONS (RFA)

PLANS TO DESIGN AND MANAGE INDIVIDUAL INCENTIVE PROGRAMS FOR BADGERCARE PLUS MEMBERS

RFA #G1610DHCF—LS

**ISSUED BY:
STATE OF WISCONSIN
OFFICE OF POLICY INITIATIVES AND BUDGET
AND
DIVISION OF HEALTH CARE FINANCING**

**APPLICATIONS ARE DUE
NO LATER THAN 3:00 P.M. CST
ON JANUARY 18, 2008**

**MAIL OR DELIVER APPLICATIONS TO:
BADGERCARE PLUS HEALTHY LIVING
OFFICE OF POLICY INITIATIVES AND BUDGET
1 WEST WILSON STREET, ROOM 618
MADISON, WI 53703**

**FOR QUESTIONS, CONTACT:
Linda McCart at mccarl@dhfs.state.wi.us**

LATE APPLICATIONS WILL NOT BE ACCEPTED

**PLANS TO DESIGN AND MANAGE
INDIVIDUAL INCENTIVE PROGRAMS
FOR BADGERCARE PLUS MEMBERS**

REQUEST FOR APPLICATIONS

TIME LINE

DECEMBER 3, 2007	OPIB/DHCF RELEASES COMPETITIVE APPLICATION VIA DHFS WEB SITE
DECEMBER 17, 2007	QUESTIONS DUE BY 10:00 A.M.
DECEMBER 17, 2007	RFA CONFERENCE CALL
DECEMBER 20, 2007	FAQS POSTED TO DHFS WEB SITE
JANUARY 18, 2008	APPLICATIONS/PROPOSALS DUE BY 3:00 P.M. CST
FEBRUARY 29, 2008	NOTIFICATION OF AWARDS
FEBRUARY 29, 2008	PUBLIC INSPECTION OF APPLICATIONS
MARCH 7, 2008	LETTERS OF INTENT TO PROTEST DUE
MARCH 14, 2008	FINAL DATE FOR PROTEST
APRIL 1, 2008	CONTRACT START DATE

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PART I

GENERAL INFORMATION

1.0 INTRODUCTION AND BACKGROUND

The purpose of this document is to provide Health Maintenance Organizations (HMOs) currently under contract with the Department of Health and Family Services (DHFS) with information to assist in preparing and submitting applications to design interventions to encourage healthier lifestyles and improve health outcomes among BadgerCare Plus members. Currently, fourteen HMOs participate in the Department's Pay-for-Performance (P4P) initiative. In P4P, HMOs and DHFS jointly develop strategies to address public health issues, such as well-child check-ups and immunizations, and improve the quality of care. DHFS provides incentive payments to the HMOs, based on their progress in meeting pre-established goals. This Request for Applications is to build on these quality improvement efforts by adding individual incentives.

The framework for this Request for Applications was developed by the BadgerCare Plus Healthy Living workgroup composed of staff from the Office of Policy Initiatives and Budget, the Division of Health Care Financing, the Division of Public Health, and external stakeholders. The Office of Policy Initiatives and Budget and the Division of Health Care Financing intends to use the results of this Request for Applications to award contracts to HMOs for development of individual incentive programs to serve as demonstration projects.

1.1 AVAILABLE FUNDS

A total of \$500,000 is available for several awards under this RFA. These funds will cover the period from April 1, 2008 through March 31, 2010. Funds must be used for launching or significantly enhancing individual incentive programs. Applicants are also encouraged to incorporate the BadgerCare Plus member pledge and/or to link this initiative to efforts to improve health outcomes via pay-for-performance initiatives to create more comprehensive approaches.

Funds awarded under this RFA will be distributed in two payments. The first payment of fifty percent (50%) of the total amount awarded will be paid upon execution of the contract. A second payment of the remaining fifty percent of the award will be made at the beginning of the second year of the agreement. Such payment will be contingent on demonstrated progress toward meeting targeted goals. These measures may include, but are not limited to, submission of periodic reports on performance with such information as the number of participants enrolled compared to the targeted goal and project staff participation in evaluation meetings and activities. Additional details regarding interim performance measures and continuing funding decisions resulting therefrom will be negotiated and articulated in the contract.

Future funding for individual incentive programs will be contingent on the success of the demonstration projects in improving health outcomes and continuing expenditure authority.

1.2 ISSUING AGENCY

This RFA is issued for the State of Wisconsin by the Office of Policy Initiatives and Budget and the Division of Health Care Financing. The Office of Policy Initiatives and Budget (Office) is the sole point of contact for the State of Wisconsin during the selection process.

1.3 PROJECT GOALS

The goals of the individual incentive demonstration projects are to:

- Increase well-child visits, including immunization and blood lead toxicity screenings
- Improve birth outcomes, e.g., decrease low-birth weight babies, especially among minority populations
- Reduce smoking, especially among teens and pregnant women
- Reduce childhood obesity

In addition, the demonstration projects will help the Department answer the following questions:

1. What affect do incentives have in engaging members in healthier behaviors?
2. What types of incentives are effective and at what levels?
3. How does effectiveness vary depending on member characteristics? e.g., urban, suburban, rural; economic status; age; race; educational level?
4. What are the administrative and management considerations in implementing individual incentive programs?
5. What short-term health outcomes result from engagement in individual incentive programs?
6. What are the prospects for long-term improved health outcomes for the BadgerCare Plus population from changes in behavior that are the result of individual incentives?
7. Is adoption/implementation of individual incentive programs cost-effective?

1.4 PROJECT DESIGN

BadgerCare Plus includes development of demonstration projects to test the effectiveness of different strategies for using individual incentives to encourage individuals to adopt healthier behaviors which lead to better health outcomes. At a minimum, each project must include individual financial incentives. Proposed projects may take a more comprehensive approach and include the BadgerCare Plus Member Pledge. (See Section 1.4.2) Projects may also combine efforts under this solicitation with Pay-for-Performance initiatives. (See Section 1.4.3)

1.4.1 Research on Individual Financial Incentive Programs

Studies of individual incentive programs distinguish between simple preventive behaviors, which can be easily accomplished (usually with a single visit to a health care professional), and complex preventive behaviors, which require a sustained behavioral change. Overall, the evidence suggests that financial incentives for healthy behavior are most effective when targeted at simple preventive behaviors, such as well-child checkups or prenatal visits.

Individual financial incentives have also proven successful at targeting complex preventive behaviors, such as smoking cessation and weight loss, though the evidence is less consistent. For example, one study found that 16 percent of individuals randomized to receive a financial incentive to quit smoking quit after 2.5 months, compared to only 5 percent of the control group. However, this program, along with other individual incentive programs that have effectively produced complex behavioral changes, required verification of the behavior change (e.g., through a blood test). Limited available research indicates that financial incentives that simply reward individuals for participation in a health-related program do not produce the same result. Some studies have found that this type of incentive usually increases program participation, but may not alter individual behavior.

Research on effectiveness suggests that flexible coupons or cash seem to be more successful than gift certificates. There is currently a lack of consensus on the level of incentive that is most effective. Some studies have found that higher rewards yield better results, while others have not found this to be the case. See Appendix A for examples of individual incentive programs.

Findings from recent focus groups of current BadgerCare members reveal that time, money, and child care are key barriers to healthier behaviors and that family and friends also play a key role. Money to purchase fresh foods and the time and knowledge of how to prepare more nutritious meals were also common discussion items. The groups discussed an array of incentives, including discounts on memberships to the YMCA/YWCA, discounts on healthy food, free classes, and support services such as peer support groups. The groups expressed a special interest in cooking classes on how to prepare nutritional meals. The well-being of their children was of great importance to focus group participants. Potential rewards and incentives for children included discounted costs for school activities; health clubs; dance; gymnastics; and swimming classes. Several participants expressed a desire to have facilities available for children and parents to do activities together, with one motivating the other. Please see Appendix B for a copy of the summary of the findings.

1.4.2 Healthy Living Member Pledge

Another strategy identified in the BadgerCare Plus proposal to improve health outcomes among BadgerCare Plus members is implementation of a non-binding member pledge. The purpose of the pledge is to provide a clear message that individuals play a key role in their own health. The DHFS has developed a draft document to be tested in select sites. Applicants are encouraged to include testing the feasibility and effectiveness of the member pledge by incorporating the document into their proposal for an individual incentive program. A copy of the pledge is in Appendix C. In order to allow maximum flexibility and innovation in the use of the pledge, applicants may propose modifications or alternative versions of the pledge if it can be clearly demonstrated that the proposed version is more closely related to the proposed individual incentive program and expected outcomes.

Findings from focus groups of current BadgerCare members suggest that one way to maximize effectiveness of the pledge would be to administer it one-on-one with BadgerCare Plus members in conjunction with a member's initial visit to a provider. Participants also suggested that they would like a copy of the pledge to take home to remind them of their promise. The pledge might be managed in a number of other ways, such as being included in the "welcome" contact by health plans or in a small group setting that might also include information about the importance of keeping appointments and other health-related information.

1.4.3. Pay-for-Performance Incentives

Pay-for-Performance (P4P) is the use of payment methods and other incentives to encourage quality improvement and patient-focused high value care. P4P incentives are a vital part of the Department's efforts to transform Wisconsin Medicaid from a "passive payer" to an "active purchaser of quality" in enhancing the quality of care for low-income individuals and improving health outcomes. P4P incentive efforts in progress or under development include the following.

- HealthCheck (EPSDT/well-child) screenings, including blood lead screenings and immunizations
- Healthy Birth Outcomes
- Tobacco Cessation
- Diabetes Management
- Asthma Management
- Childhood Obesity

Applicants are encouraged to develop strategies that align both the Healthy Living goals and these P4P priorities. If this approach is selected, applicants must be able to clearly describe and isolate the

impact of the individual incentive when measuring and reporting outcomes, i.e., applicants must be able to identify the “value added” of individual incentives.

1.5 DEFINITIONS

The following definitions are used throughout this RFA.

Office/Division means the sub-unit within DHFS.

Applicant means an organization submitting a proposal in response to this RFA.

State means the State of Wisconsin.

Recipient means an applicant awarded funds.

Proposal means the response to the RFA.

1.6 WHO MAY SUBMIT A PROPOSAL

Only those managed care plans/health maintenance organizations currently under contract with the state of Wisconsin to provide health care services to BadgerCare Plus members are eligible to apply.

2.0 SPECIAL PROGRAM REQUIREMENTS

2.1 Each proposal must address one of the BadgerCare Plus Healthy Living goals highlighted in Section 1.3.

2.2 Applicants requesting funds to expand or enhance current incentive programs should consult with the DHFS staff listed in this RFA prior to developing and submitting a proposal. Such approaches may be considered depending on availability of evidence of effectiveness and whether it is consistent with the Department's goal to address the demonstration questions listed in Section 1.3.

2.3 Selected applicants must agree in writing to participate in an external evaluation of the demonstration project in partnership with an external evaluator and with DHFS staff. The evaluation will be funded by the DHFS. (See the attached Memorandum of Understanding)

3.0 GENERAL PROGRAM REQUIREMENTS

The following items are required to assure funding. These requirements will form part of the contract with the State. Failure to comply with these requirements can result in disallowances and/or termination of the contract for funds.

3.1 Acceptance of Proposal Content

Recipients of awards will be mandated to meet all requirements of this RFA.

3.2 Allowable Costs

Recipients of awards will be required to comply with the Department of Health and Family Services Allowable Cost Policy Manual.

3.3 Capital Equipment

Funds may NOT be used to purchase capital equipment.

3.4 Salaries

Funds may NOT be used to supplant current salaries or fringe benefits of existing staff.

3.5 Administrative Costs

Funds for administrative costs are limited to five (5) percent of the salaries and fringe included in this proposal.

3.6 Reports

Reports of both programmatic and fiscal activity will be required to document satisfactory performance, in accordance with the proposal. Reporting requirements will be specified in the agreement between the successful applicant and the Office/Division. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

The recipient shall, at the option of the Office/Division, appear before DHFS staff to clarify findings and to answer any questions at any time during the contract period or after the contract is completed.

3.7 Records

The recipient shall maintain and allow access to such records (in either written or electronic form) as requested by the Office/Division needed to determine whether the requirements of the award are being complied with; to determine whether the recipient is meeting targeted goals; and to confirm compliance with the project requirements, including access to records needed to conduct and complete the evaluation. The recipient shall permit authorized representatives of Office/Division and/or staff from the Office/Division to have access to member records, to the extent allowed under federal and state law, as needed to conduct and complete the evaluation.

3.8 News Releases

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of the Office/Division. Copies of any news releases regarding this award during the contract year(s) will be submitted to the Office/Division.

3.9 Legal Services

Funds can NOT be used to support any legal actions taken against the federal or state government or to support legal advice to members.

3.10 Employment

The applicant will not engage the services of any person or persons now employed by the state, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the Office/Division.

3.11 Subcontracting

If the applicant plans to use subcontractors, this should be clearly explained in the proposal and the budget documents. The primary contractor will be responsible for contract performance whether or not subcontractors are used.

3.12 Termination of Agreement/Contract

The Office/Division may terminate this agreement/contract at any time at its sole discretion by delivering thirty (30) days written notice to the recipient. Upon termination, the Office/Division's liability will be limited to the pro rata cost of the services performed as of the date of termination plus

expenses incurred within the prior written approval of the Office/Division. In the event that the recipient terminates this agreement, for any reason whatsoever, it will refund to the Office/Division within fourteen (14) days of said termination, all payment made hereunder by the Office/Division to the recipient for activities not completed. Such termination will require written notice to that effect to be delivered by the recipient to the Office/Division not less than thirty (30) days prior to said termination.

3.13 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by applicants in replying to this RFA.

3.14 Waiver of Technicalities

The RFA Evaluation Committee reserves the right to accept or reject any or all responses to the RFA and waive minor technicalities. The determination of whether an RFA condition is substantive or a mere technicality shall reside solely with the RFA Evaluation Committee.

3.15 Affirmative Action

Successful applicants who are awarded contracts of twenty five thousand dollars (\$25,000) or more must include in their contracts the following clause:

"A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amount to less than twenty-five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract."

3.16 Reasonable Accommodations

The Department will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified applicants with disabilities. For special needs contact Linda McCart, DHFS, 608-266-9296.

3.17 Non-Discrimination against Employees for Applicants for Employment

In connection with the performance of work under this contract, the recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), sexual orientation or national origin.

This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the recipient further agrees to take affirmative action to ensure equal employment opportunities.

The recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

4.0. CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS

4.1 Clarification and/or Revisions to Specifications and Requirements

Questions concerning this RFA may be submitted, either in writing via e-mail or by telephone, on or before **10:00 a.m., December 17, 2007** to:

Linda McCart
Chief, Policy & Research Section
Office of Policy Initiatives and Budget
Room 618, 1 West Wilson Street
P.O Box 7850
MADISON WI 53707-7850
608/266-9296
E-Mail: mccarl@dhfs.state.wi.us

COLLECT CALLS WILL NOT BE ACCEPTED

4.2 Applicant Question and Answer Conference

Applicants are invited to participate in a **conference call scheduled for 10:00 a.m. on December 17th, 2007**. The purpose of the call is to allow all interested applicants to ask questions relating to this RFA. **The conference call can be accessed by calling 1-800-462-1257 or 608-265-1000 and entering the pass code 0560.** Questions sent or asked prior to the conference call will also be addressed. The questions and answers discussed during the conference call will be posted to the DHFS web site.

Applicants are expected to raise any questions, exceptions, or additions they have concerning the RFA document/requirements at this point in the RFA process. If an applicant discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFA, the applicant should notify, immediately, the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFA, revisions/amendments and/or supplements will be provided to all recipients of the initial RFA and posted on the DHFS web site.

Each proposal shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFA and any supplements or revisions thereof.

Any contact with State employees concerning this RFA is prohibited, except as authorized by the RFA manager during the period from date of release of the RFA until the notice of intent to contract is released.

5.0. SUBMITTAL OF APPLICATION

5.1 All applications must be typed, doubled-spaced with 11-point font, and should not exceed 20 pages. The total number of pages DOES NOT include the Project Summary (see Part Two, Project Summary), the Memorandum of Understanding, the Strategies/Workplan, or budget documents. All pages must be sequentially numbered.

5.2 Number of Applications. Applicant HMOs can submit up to two application(s). Only **ONE proposal** per applicant will be selected for funding.

5.3 Number of copies. The applicant must submit **three (3)** copies of the entire application to the Office.

5.4 Closing date. The closing date for the receipt of all applications under this RFA is **January 18, 2008.** Applications may be mailed or hand delivered. An application will be accepted and considered received on time if one of the following conditions is met.

- a. The application is received by the mail room at the address shown below **by 3:00 p.m. CST on January 18, 2008.**

Linda McCart
Office of Policy Initiatives and Budget
1B Mail Room
P.O Box 7850
Madison, WI 53703-7850

Applicants are cautioned to allow sufficient time for delivery by the U.S. Post Office, since it can sometimes take several days to receive mail from outlying areas. Applicants are cautioned that receipt of the proposal by the United State's Postal Service, the State of Wisconsin mail system, or a commercial courier does not constitute receipt of the proposal by the issuing office for the purposes of this RFA. All responses to this RFA which are received after the closing date and/or time will not be reviewed and will be returned to the respondent/applicant. **No exceptions will be allowed.**

- b. The application is hand delivered to the **Office of Policy Initiatives and Budget** at the address shown below **by 3:00 p.m. CST on January 18, 2008.**

Linda McCart
Office of Policy Initiatives and Budget
1 West Wilson Street
Room 618
Madison, WI 53703-7850

NO FAXES WILL BE ACCEPTED.

- c. Supplemental and clarifying information. Unless requested by the Office, no additional information will be accepted from an applicant after the deadline for submittal of applications.

6.0 AWARDING FUNDS INFORMATION

6.1 Evaluation Criteria, Potential Points, and Procedures

All applications received will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all proposals against stated criteria. To be considered for an award, an application must score at least **175** points (out of 225 possible points) in the evaluation of applications, unless the evaluation committee determines it is in the best interest of the state to make an award to an applicant who scores less than **175** points. Applications will be reviewed and evaluated according to the following criteria.

EVALUATION CRITERIA and MAXIMUM POINTS

Project Summary—10 points

The applicant's response specifies the Healthy Living goal to be achieved and concisely describes the proposed strategies to achieve the goal, including a brief rationale for why the program is needed and why it is believed the chosen strategy will be effective. The summary clearly articulates the specific behavior that is the target for the proposed intervention (e.g., pregnant women stop smoking or pregnant, teen parents keep all well-child check-ups and their children are up-to-date with immunizations). The summary also clearly describes the specific target group for the incentive program. The summary articulates the anticipated result or outcomes and concisely explains how the results or outcomes will be measured or determined. The summary is limited to three (3) pages, double-spaced, 11-point font.

Target Population—25 points

The target population described in the proposal is a subset of the BadgerCare Plus population and is consistent with the targeted goal. The applicant identifies a reasonable number of individuals to be served by the program. The proposal clearly describes how the target population will be identified, recruited, and enrolled in the project. The applicant provides specific demographic information about the target population, their current health status, and their location, e.g., geographic boundaries and special characteristics of the area. The applicant explains why this population was selected.

Goals and Objectives—25 points

Goals and objectives are clearly stated, realistic, and measurable and are consistent with the purpose of this RFA. Objectives are framed as measurable outcomes. Objectives can be achieved during the grant funding period. The proposal provides a brief description of how the goal and objectives/outcomes will be measured, including potential data sources.

Program Narrative—125 points

The applicant provides a detailed description of the program that includes the following information:

- Clear and concise problem statement, including supporting data and research findings, as appropriate, e.g., number of teen parents who miss well-child exams in the targeted areas, as evidence of need for the proposed intervention and why it is anticipated to be effective. (25 points)
- Clear description of the intervention, including the type and amount of incentives, and the circumstances under which they will be awarded. This portion includes discussion of the strategies the project will use to address the identified problems and states why these strategies may be effective. The narrative also includes a description of how the program will be administered, linkages with any current or planned pay-for-performance initiatives, including how the impact of individual incentives will be measured apart from the P4P effort, and collaborative efforts, if any, with other organizations, including the names, roles and responsibilities, and rationale for the selection of partners. (25 points)
- For applicants who include the BadgerCare Plus Member Pledge as a component of the intervention, the application describes how the pledge will be incorporated into the demonstration, including who will deliver it and how it will be delivered. The description includes how use of the pledge will be documented, how its impact will be measured, and follow-up activities, if any. If the

applicant modified the member pledge from the draft in Appendix C, a copy of the modified pledge is attached as an appendix to the application. (25 points)

- Anticipated results/outcomes of the intervention—the narrative clearly articulates short- and long-term results that are expected, including process measures that will assist in understanding why the project did/did not achieve its targeted goals and objectives. The proposal explains how the results will be measured and documented. (25 points)
- Organizational and staff capacity—the narrative describes the applicant's experience in providing information, education, outreach, and health services to the target population; discusses the organization's capability to design and implement an individual incentive project, provides information about current staff and/or requirements for new staff that will manage the project. If a subcontractor is to be used, the proposal identifies the subcontractor, discusses their qualifications, and highlights the rationale for their selection. The narrative also discusses strategies that will be used to ensure cultural understanding and sensitivity to minorities. (25 points)

Strategies/Work Plan—25 points

The strategies and high-level tasks described in the work plan are consistent with the objectives, will facilitate achievement of the goals/objectives, and are sequentially reasonable. High-level activities in the work plan are assigned to specific personnel. The strategies can be accomplished given proposed time frames, staffing patterns, and budget. Time frames for high-level tasks and activities in the work plan are specified and reasonable.

Budget—15 points

The applicant completed all required budget documents. Projected costs are reasonable and necessary to carry out the proposed plan. The budget includes justification for specific items as required. Administrative costs do not exceed five percent (5%) of project salaries and fringe.

6.2 APPLICANT RESPONSES

Proposals submitted in reply to this RFA shall respond to the requirements stated herein. Failure to do so may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFA (including all attachments), RFA addenda and revisions and the proposal from the successful applicants will become contractual obligations. The Office/Division reserves the right to negotiate the award amount, the programmatic goals, and the budget items with the selected applicants prior to entering into an agreement.

Justifiable modification may be made in the course of the agreement only through prior consultation with and written approval of the Office/Division. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

6.3 WITHDRAWAL OF APPLICATIONS

Applications may be withdrawn by written notice. Applications may be withdrawn in person by the applicant or his/her authorized representative, providing his/her identity is made known and he/she signs a receipt for the proposal.

6.4 AWARD PROCEDURES

The Evaluation Committee's scoring will be tabulated and applicants will be ranked according to the numerical score received. The evaluation committee has the option to conduct interviews and/or on-site visits of the top ranked applicants and to include these results in determining the evaluation points. The Office/Division Administrator will make a final decision if a contract will be awarded. The Office/Division reserves the right to reject any or all applications and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected applicants prior to entering into an agreement.

6.5 NOTICE OF INTENT TO AWARD A CONTRACT

Each applicant whose application is reviewed by the Evaluation Committee shall receive written notice of the determination of approval or non-funding of the proposed project.

After notification of awards are made, and under the supervision of Office/Division staff, copies of all applications will be available for public inspection from **February 29, 2008 until March 14, 2008** at the Department of Health and Family Services, Office of Policy Initiatives and Budget, 1 West Wilson Street, Room 618, Madison, Wisconsin.

Each applicant whose project has not been approved shall be given an opportunity to discuss with the Office/Division representative the reasons for non-funding or may write the Office/Division representative requesting the reason for the decision. Upon request, the Office/Division representative will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the project not being funded.

6.6 PUBLIC INFORMATION

It is the intention of the state to maintain an open and public process in the submission, review and approval of awards. All material submitted by applicants will be made available for public inspection after notice of intent to award or not to award a contract based on the evaluation(s) of the applications which were submitted. This information will be available for public inspection, under supervision, during the hours of **8:00 a.m. to 4:00 p.m. CST**, Monday through Friday (except holidays) until **May 1, 2008**, at the Department of Health and Family Services, 1 West Wilson Street, Room 618, Madison, Wisconsin. No application submitted to the state may be marked as confidential, and any materials so marked, by being included in the application, will be considered public information.

Evaluation tabulation and scoring by individual evaluators will also be open for public inspection, but these scores will not identify individual evaluators.

6.7 PROTEST/APPEAL PROCESS

Applicants can only protest or appeal violation of procedures outlined in this RFA. Ranking and scoring by the Evaluation Committee are not subject to protest or appeal. Notice of intent to protest and protests must be made in writing. Protestors should make their protests as specific as possible and should fully describe the procedural issue being contested.

The written notice of intent to protest must be filed with the:

**Director, Office of Policy Initiatives & Budget
1 West Wilson Street
P.O. Box 7850
Madison, Wisconsin 53707**

and received in that office no later than the close of business (5:00 p.m. CST) on **March 7, 2008**, or within five (5) working days after the notice of intent to award is postmarked, whichever is later. The written protest, fully identifying the procedural issue being contested, must be received in the Director's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Office/Division may be appealed to the Secretary of the Department of Health and Family Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 within five (5) working days of issuance, with a copy of the protest filed with the Director of the Office of Policy Initiatives and Budget.

PART II PROJECT SPECIFICATIONS

Applicants are cautioned that in completing the following project specifications they are to provide detailed information. The only information evaluators will be given about a project is that which is contained within the proposal. Each copy must be a duplicate of the entire original, including any attachments.

The purpose of this RFA is to **develop and implement demonstration projects designed to promote healthy behaviors via individual incentives**. In order to determine the potential for a proposed project to achieve this goal, applications must fully address the program requirements and specifications which are included in this section. Proposals must include the following items submitted in the order listed in the checklist. (see the cover page) Appendices, if any, should be at the end of the application with sequentially numbered pages.

A. APPLICATION SUMMARY Form

Complete the Application Summary following the instructions below. The Application Summary should be the second page in the proposal.

Section A: Agency Information

- | | |
|--------|--|
| Item 1 | Enter the title of the demonstration project |
| Item 2 | The "Applicant Agency" is defined as the legal entity which assumes the liability for the administration of the grant funds and is responsible to DHFS for the performance of the project activities. |
| Item 3 | Enter name, address, and telephone number of the project director. |
| Item 4 | Enter name, address, and telephone number of the project fiscal agent. The fiscal agent is the individual who is responsible for the receipt and administration of the project funds and for the submission of all fiscal reports to DHFS. |
| Item 5 | Enter the Internal Revenue Services number assigned to the agency |
| Item 6 | Enter a brief description of the target population to be served by this project. |
| Item 7 | Enter the site where services will be provided if different than the applicant agency |
| Item 8 | If all or parts of the project will be subcontracted, list the name and address of the subcontractor. |

Section B: Budget Summary

The budget summary contains the total projected costs. All figures on this form should be rounded to the nearest dollar.

- | | |
|---------|--|
| Item 10 | Enter totals from the Detailed Budget Request per year of the project |
| Item 11 | Enter the name, title, telephone number and signature of official authorized to commit applicant organization to this agreement. |

COVER PAGE

APPLICATION FOR BADGERCARE PLUS HEALTHY LIVING INDIVIDUAL INCENTIVES DEMONSTRATION PROJECT

Agency Name: _____

Project Title: _____

Applicants are required to number all pages and to organize their application according to the following format. This form serves as a checklist for application contents and facilitates application evaluation. This form must be completed and attached to the front of the application.

CHECKLIST

- | | |
|--|--------|
| <input type="checkbox"/> Application Summary | Page 1 |
| <input type="checkbox"/> Table of Contents | Page 2 |
| <input type="checkbox"/> Project Summary | Page 3 |
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Application Summary

Section A - AGENCY INFORMATION

1. Project Title:		
2. Applicant Agency		Telephone
Address	City	State Zip
3. Project Director		Telephone
Address	City	State Zip
4. Fiscal Agent		Telephone
Address	City	State Zip
5. Employer Identification No.		
6. Target Population:		7. If activities are to be conducted at a site other than the Applicant Agency, please identify here.
8. If project will be subcontracted, list the name and address of sub-contractor.		

SECTION B - BUDGET SUMMARY

10. Enter the total proposed budget for each year.		
	<u>Year 1</u> April 1, 2008 through March 31, 2009	<u>Year 2</u> April 1, 2009 through March 31, 2010
Total funds requested:	\$ _____	\$ _____
11. NAME, TITLE AND PHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT THE APPLICANT ORGANIZATION TO THIS AGREEMENT		
Typed Name of Official: _____ Title: _____ Phone: _____		
Signature: _____		Date: _____

The following information should be used as a guide in preparing the application. Please refer to Section 6.1 for how the application will be scored.

Project Summary

The summary is limited to three (3) pages, double-spaced, 11-point font. It should clearly articulate the goal(s), proposed strategies for achieving the goals, and a brief rationale for why the program is needed. The summary should also describe the behavior that is the target of the intervention, the incentives to be offered, and the specific target group(s). It should include the anticipated result or outcomes and how the result/outcome will be measured.

Target Population

The proposed target population must be consistent with the stated purpose of the RFA. The applicant must clearly describe the population that will be the subject of the intervention and identify a reasonable number of BadgerCare Plus members that will participate. Specific demographic information about the target population should be included, e.g., minority, American Indian, rural; their current health status; and their location, e.g., city, zip codes, school district, or geographic boundaries; and any special characteristics of the area, e.g., housing complexes, poverty, minority, etc.

Goals and Objectives

The applicant's goals and objectives are clearly stated, realistic, and measurable and are consistent with the problem/needs statement and the requirements of this RFA. Objectives are framed as measurable outcomes which can be achieved during the contract period. The applicant describes how the goal(s) and objectives will be measured, including potential data sources.

Project Narrative

1. Problem/Needs Statement

The applicant must demonstrate that they have a clear understanding of the health care needs of their BadgerCare Plus members, especially health issues that might be improved through changes in individual behaviors. The applicant should document with statistical data, where available, the extent of the problem and explain any current or past efforts to address the problem.

2. Intervention and Individual Incentives

The purpose of the project must be clearly stated and consistent with the purpose of the RFA. The applicant must provide a clear description of the intervention, including the type and amount of individual incentives and under what circumstances they will be awarded. The applicant should discuss the strategies the project will use to address the identified problems; state why these strategies may be effective; and identify any obstacles or barriers and how they will be addressed. The narrative should also include the following:

- How the incentive program will be administered, including how the incentives will be distributed
- Linkages, if any to current or planned pay-for-performance initiatives, including how the impact of individual incentives will be measured apart from the P4P effort.
- Collaborative efforts, if any, including the names and roles of all partners in the intervention, e.g., schools, community-based organizations, First Breath, etc.

For applicants who include the BadgerCare Plus Member Pledge as a component of the intervention, the application should describe how the pledge will be incorporated into the demonstration, including who (clinic staff, doctor/PA, "welcome" staff, etc.) will deliver/discuss it, how/when it will be delivered/discussed, (member's home, office visit, small group meetings, etc.), how use of the pledge will be documented, how its impact will be measured, and any follow-up activities that will be included. If the pledge is modified, the application must include a copy of the proposed form.

3. Anticipated results/outcomes of the intervention

The proposal clearly articulates both short- and long-term results that are expected, including process measures that will assist in understanding why the project did/did not achieve its targeted goals and objectives. The applicant describes how these results/outcomes will be documented and measured.

4. Organizational Experience and Staff Capacity

The applicant documents experience in providing information, education, outreach, and health services to individuals enrolled in family Medicaid, BadgerCare, and/or Healthy Start, and/or commercial members, as appropriate. The applicant must provide a full discussion of the organization's experience that demonstrates the capability to design and implement an individual incentive demonstration project. The narrative should also include information about current staff that will be involved in the project and/or requirements for new staff that will manage the project. The applicant should articulate the organization's ability to provide training for staff and/or volunteers; and the ability to use project funds in a cost effective manner.

If a subcontractor will be hired to manage and/or have primary responsibility for this project, the applicant must provide information to document the subcontractor's qualifications and experience. Additionally, discuss why the particular subcontractor was selected.

Applicants proposing to serve minority populations must either have or make an effort to recruit, hire, and train minority staff/volunteers and/or provide in-service sensitivity training about cultural diversity for non-minority staff/volunteers.

Strategies/Work Plan

The work plan must include: descriptions of high-level tasks/activities; time frames; identification of who will be responsible for each high-level task/activity; and the expected outcome/result. Tasks/activities should be sequential/in order. The strategies and tasks/activities articulated in the work plan must be consistent with the objectives and must facilitate the project's accomplishment of what has been proposed. The attached form should be used for the work plan.

Budget

The budget should reflect reasonable costs and be necessary to achieve the desired outcomes/results. The attached budget documents should be completed, as appropriate, including information sufficient to justify proposed expenditures. Administrative costs cannot exceed five percent (5%) of proposed project salaries and fringe.

PROJECT WORKPLAN

PROJECT GOAL:

HIGH-LEVEL TASKS/ACTIVITIES	Timeframe (include start date and completion date unless task is on-going)	Responsible Party	Expected Outcome
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

DETAILED BUDGET REQUEST

Period:

Project Title

1. Personnel

Title of Position	% of time	Salary/hour	Hours/month	# months budgeted	Total Personnel Costs
Totals					

2. Fringe Benefits for Project Personnel (Employers FICA: Employees Insurance)
(_____ %) \$ _____
3. Administrative Costs (not to exceed 5% of salary and fringe for this project) \$ _____
4. Individual Incentives (from Budget Justification Worksheet) \$ _____
5. Marketing/Recruitment (from Worksheet) \$ _____
6. Travel (from Worksheet) \$ _____
7. Equipment (from Worksheet) \$ _____
8. Supplies (from Worksheet) \$ _____
9. Contractual and Consultant Costs (from Worksheet) \$ _____
10. Training for Paid and Volunteer Workers, if any (from Worksheet) \$ _____
11. Other Expenses (from Worksheet) \$ _____
- TOTAL Requested Funds (lines 1 through 11)** \$ _____
12. In-Kind Contributions, if any \$ _____
- Total Project Costs** \$ _____

NOTE: BUDGET DETAIL MUST BE PROVIDED IN THE BUDGET JUSTIFICATION FOR ITEMS #4 THROUGH #11. Please also identify the source of the in-kind contribution, if any.

BUDGET JUSTIFICATION WORKSHEET

ITEM	JUSTIFICATION/EXPLANATION/CALCULATIONS (E.G., # OF ITEMS, PRICE PER ITEM, ETC.)	TOTAL COST
INDIVIDUAL INCENTIVES		
MARKETING RECRUITMENT		
TRAVEL		
EQUIPMENT		
SUPPLIES		
CONTRACTUAL/CONSULTANT		
TRAINING		
OTHER EXPENSES		
IN-KIND CONTRIBUTIONS		

**MEMORANDUM OF UNDERSTANDING
to
EVALUATE
BADGERCARE PLUS HEALTHY LIVING
INDIVIDUAL INCENTIVE PROGRAM**

On behalf of _____ (name of applicant), I agree that if approved for funding, the appropriate members of our organization will work with the DHFS Office of Policy Initiatives and Budget, the Division of Health Care Financing and other authorized representatives of the Department to evaluate the BadgerCare Plus Healthy Living Individual Incentive Project proposed in this application. This may include, but is not limited to, the following:

- Assuring that staff will be available to participate in evaluation design and other meetings related to the evaluation
- Collecting and reporting needed data, as identified by the evaluator
- Reviewing findings and offering comments/suggestions
- Sharing information with relevant stakeholders and distributing reports

The MOU will form part of the contract with DHFS. Failure to comply with the terms of this agreement will result in the loss of funding for this project.

Printed Name of Authorized Official: _____

Title: _____

Signature of Authorized Official

Date

References

Centers for Medicare and Medicaid Services. (2006) Letter to state health officials, April 6, 2006. Washington, D.C.: Author. Retrieved May 30, 2007 from <http://www.cms.hhs.gov>.

Donatelle, R.J., D. Hundson, S. Dobie, et al. (2004) "Incentives in Smoking Cessation: Status of the Field and Implications for Research and Practice with Pregnant Smokers." *Nicotine and Tobacco Research*, 6, Supplement 2, 163-179.

Donatelle, R.J., S.L. Prows, D. Champeau, et al. (2000) "Randomized Controlled Trial Using Social Support and Financial for High Risk Pregnant Smokers: Significant Other Supporter (SoS) Program." *Tobacco Control*, 9, 67-69.

Follick, M.J., J.L. Fowler and R.A. Brown. (1984) "Attrition in Worksite Weight-Loss Interventions: The Effects of an Incentive Procedure." *Journal of Consulting and Clinical Psychology*, 52, 139-140.

Gilbert, D.G., D.M. Crauthers, D.K. Monney, et al. (1999) "Effects of Monetary Contingencies on Smoking Relapse: Influences of Trait Depression, Personality, and Habitual Nicotine Intake." *Experimental and Clinical Psychopharmacology*, 7, 174-181.

Harland, J., M. White, C. Drinkwater, et al. (1999) "The Newcastle Exercise Project: A Randomized Controlled Trial of Methods to Promote Physical Activity in Primary Care." *BMJ*, 319, 828-832.

Jeffery, R.W., P.D. Thompson, and R.R. Wing. (1978) "Effects on Weight Reduction of Strong Monetary Contracts for Calorie Restriction or Weight Loss." *Behavior Research and Therapy*, 16, 363-369.

Kane, R.L., P.E. Johnson, R.J. Town, and M. Butler. (2004) "A Structured Review of the Effect of Economic Incentives on Consumer's Preventive Behavior." *American Journal of Preventive Medicine*, 27, 327-352.

Malotte, C.K., F. Rhodes, and K.E. Mais. (1998) "Tuberculosis Screening and Compliance with Return for Skin Test Reading among Active Drug Users." *American Journal of Public Health*, 88, 792-796.

Volpp, K.G., Levy A. Gurmankin, D.A. Asch, et al. (2006) "A Randomized Controlled Trial of Financial Incentives for Smoking Cessation." *Cancer Epidemiology, Biomarkers & Prevention*, 15, 12-18.

Appendix A: Examples of Individual Incentive Programs

Public Programs:

- A number of state Medicaid programs have developed systems whereby Medicaid enrollees earn credits for engaging in approved healthy behaviors. These credits can then be used to purchase health-related items. Idaho has linked the credits to specific behaviors such as signing an agreement to enroll in a weight management program or a tobacco cessation program and keeping children up to date on well-child check-ups and immunizations. With achievement of the latter, Idaho Medicaid will also pay delinquent premiums.
- Minnesota has proposed giving individuals with public insurance \$20 gift cards to department stores for quitting smoking or controlling glucose levels if diabetic.
- Sarasota County, Florida encourages County employees to engage in wellness activities through cash incentives. Employees can earn \$100 for completing an online Health Risk Assessment and \$50 for participating in a healthy living program (maximum of two programs per year).

Public-Private Partnerships:

- In 2004, the YMCA partnered with a number of organizations to launch YMCA Activate America, an initiative aimed at fighting obesity and promoting healthy lifestyles among children, adults, and families. In Wisconsin, Activate America launched the “YKidzFit” program. “YKidzFit” is an after-school fitness program that targets low-income, after-school sites and includes comprehensive pre- and post-testing.

Private Programs:

- EnAct, based in Madison WI, facilitates organization of groups of 5-10 households to meet informally and support each other in taking actions to live more environmentally friendly lifestyles. Households take turns hosting topic meetings in which participants discuss progress on goals from previous meetings as well as next steps. While the focus of EnAct is on environmental issues, the team-based concept could easily be transferred to healthy living, e.g., small groups could be formed to support each other in walking a mile each day or to share information on preparing healthy foods on a low-income budget. For more information please go to: www.enact.org.

Appendix B—Summary of Focus Group Findings



BadgerCare Plus Focus Groups Summary - 2007

Introduction

BadgerCare Plus Focus Groups were held in six cities across Wisconsin, representing approximately 14 communities, between October 2, 2007 and October 22, 2007. Agencies within each community, such as Head Start, Joining Forces for Families, UMOs, United Way, Western Dairyland, and Family and Community Partnerships, assisted with inviting individuals to participate. The questions that participants were asked and their answers were recorded by category. Although the focus groups varied in numbers, the answers and concerns were consistent from location to location.

This report summarizes the overall findings. Detailed notes for each question are reported in a separate document.

Individual Incentives

The participants reported that they often did not participate in healthy behaviors due to lack of time, money and child care. The influence of family and friends tended to affect the motivation of the participating individuals. Money to purchase fresh foods and the time and knowledge of preparation were common discussion items relative to good eating habits; and lack of child care, motivation, and the influence of family and friends caused people to choose not to exercise regularly. All groups were well aware of the health concerns due to lack of dental care, and all expressed strong concern for the lack of available dentists in their respective areas.

Motivational elements most often expressed were having child care available, as well as family and friends for encouragement and support. Having healthy food available at a lower cost or from food pantries was also important to create a more healthy diet.

Although the groups suggested an array of rewards or incentives, they were not able to verbalize a particular amount that would provide the motivation necessary to invoke change. "Discounts" and "free" were words often heard; discounts on memberships, discounts on healthy food, free classes and support services, were among the suggestions. A number of participants expressed that you "need to make your own decisions," and those decisions cannot be forced. Participants often expressed the need to have child care costs covered or child care on-site in order for them to participate in exercise activities. In order for participants to quit smoking, they felt that "patches" and classes should be provided by BadgerCare. Medicaid co-payments are a concern for many participants, and reduction or forgiveness of co-payments is seen as an effective incentive to change.

Elements that have encouraged change in the past included the well-being of their children; e.g., "nagging" of the children, setting a poor example for the children, wanting to see their children grow up, and the need to care for their children.

The well-being of their children was of great importance to all participants. Rewards or incentives suggested for the children invariably included discounted costs for activities at schools, health clubs, dance, gymnastics, and swimming classes. Although many thought that providing sporting equipment was good, there were concerns that this equipment would be sold or stolen. Several participants believed that having facilities available for children and parents to do activities together was a better option.

When asked how they would like to learn about reward/incentive programs, many answers centered on information sent home from school or provided in person, usually at doctors' offices. Also suggested were having brochures and posters available at places they frequent, such as Workforce Development Centers, schools, and grocery stores. Enthusiastically, all agreed that

any written material had to be distinctive, bright-colored, short and attractive, with content being boldly identified. Several groups suggested having small groups with motivational speakers and available child care.

Healthy Living Pledge

Virtually all participants felt that the Healthy Living Pledge was clearly written. In each group, someone suggested that it be available, not only in English, but also in Spanish and Hmong.

There was no consensus, however, on whether or not they would sign the pledge. Reasons given for signing the pledge included being healthier for my children, the form makes you think about being healthy, it is a good reminder, and I would be doing something for myself and my family. Those who did not feel they would sign cited that there was not enough incentive to sign, although they did not state what the appropriate incentive might be; they felt as though they would be “forced” to sign, or there would probably not be follow-through on it anyway. The form did inspire many suggestions. Comments included that it would be beneficial to let the children read or know about the pledge, as the children encourage and support the effort. They also felt that they should keep the form and hang it on the refrigerator or in a prominent place as a reminder. Many felt strongly that they would not want to give the form to the doctor, as the doctor wouldn’t care, but giving it to a spouse or someone close would be more helpful. Many indicated that the form is not personal enough. They suggested that the form have check boxes instead of bullet points, so they could indicate the individual change(s) that they would want to work on, which would make it more individual and useful. One participant suggested that writing the pledge rather than having it pre-printed would make the pledge mean more to her.

Those who indicated they would sign the form thought that it would help them to change some behaviors, however they often stressed the individuality of the form, the support and participation of family members and people close to them, and the need for reinforcement and accountability for follow-through as being highly necessary for success.

Most participants felt that they would not read or sign the document if it were given or mailed to them within a packet of materials. Again, this was because it was not individual or personal enough. They thought that receiving it separately in the mail at a later time might be better; however it being presented personally from someone who discussed it with them would be the most effective.

Most people felt that they would be the most willing to sign the form after thorough discussion with a doctor, nurse, insurance contact person or a loved one. Most suggestions stated that the form needs to come from the doctor, but not left with the doctor.

Health Literacy/Education

Nearly all participants felt that the brochure was clear and easy to read. They also felt that it would be helpful the next time they went to the doctor. Comments included the language was simple, the questions easy to remember, it reminds us of questions to ask, and it would be helpful to track medications. A suggestion was to add a fourth question, “What caused the problem?”

Although many felt that they would ask these questions in the future, they preferred to ask the nurse rather than the doctor. Others felt that it was still too stressful to ask the questions, citing fear of the doctor, lack of time of the doctor, and being afraid to hear the answers or maybe not understand the answers.

If individuals indicated that they would ask the questions, they also indicated that this would help them to be more in control of their health care, however, there still seemed to be a concern that they would not really understand the words used in the explanation.

Participants indicated that the questions were easy to remember. They suggested that having the questions on a wallet card, on a key chain tag, or on a refrigerator magnet would help to remind them.

In general, the participants indicated that they are interested in learning more about their health and the health of their children. Most indicated that they do not read brochures or newsletters sent from their health plan. They indicated that they nearly always read information sent home from their children's school. Again, they pointed out that written material needs to be eye-catching. There were several suggestions that classes or small groups be provided for them to learn about various issues, such as ADD, ADHD, diabetes, cooking for kids, and teaching the parents and children to cook together. It is important that child care be available or provided during these group classes. They also indicated that they need to be informed of the groups at least two weeks ahead of time and reminded as the date came closer. It was suggested that these types of short programs be included in some of the W-2 classes and activities.

Additional Concerns/Suggestions

There were several comments and concerns that, although not in direct response to the questions of the program, need to be conveyed. Following are those comments:

- The lack of the availability of dental care was a strong concern across the state. Very few dentists take Medicaid recipients, and if they do, the appointments are few.
- There is concern that BadgerCare be continued past the time that a participant gets a job and before company health insurance is available.
- Over-the-counter medications are expensive. Could BadgerCare provide some relief for those costs?
- Could more appealing eye-glass frames be available for BadgerCare recipients?
- A Milwaukee participant expressed concerns that there is not adequate supervision or programming at the Boys and Girls Clubs. Teenagers without proper training are in charge and do not take part in leading the programs adequately. They feel that these places may not be safe for their children.

Conclusion

At all sessions, there was appreciation expressed that the state was willing to hear their opinions. Some said the sessions should have been longer, that they would have come even without the payment, and they would like to participate in more sessions. In almost all sessions, the participants were engaged and participating, although some always are willing to speak more than others.

The Wisconsin BadgerCare Plus Healthy Living Pledge

A Promise Made . . .

My health and that of my family are very important. There are a number of things that I can do to improve my health and that of my family. These include:

- Making sure my children have all of their shots on time
- Taking my child for well-child exams, even if they aren't sick
- Getting an annual physical
- Quitting smoking
- Getting more exercise
- Eating healthier foods
- If pregnant, getting early and regular pre-natal care
- Following my doctor's directions, including taking medicine as prescribed

Is a Promise Kept.

As a BadgerCare Plus member, my benefits include health services that can help meet the promise of a healthier life for me and my family. These include:

- ♥ Immunizations (shots)
- ♥ Blood lead screenings
- ♥ Help to stop smoking
- ♥ Help in learning how to eat healthier foods and get more exercise
- ♥ Well-child check-ups for children and annual physicals for adults

In addition, my health plan may have programs that provide rewards for making behavior changes that will help me and my children be healthier.

By signing this *Healthy Living* pledge, I promise to do my part to help my family be healthy and to follow my doctor's directions for my care and the care of my family. Signing this pledge is voluntary; there is no penalty for not signing the pledge.

Name: _____ Date: _____

Please discuss this information with your doctor, the nurse, or staff from your health plan.
Thank you.